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Name of the University, Hospital, Research Institute, Academy or Ministry

Institute of Mental Health

Name of the Division, Department, Unit, Section or Area

Institute of Mental Health

City Belgrade

Reference Number SRB-9

Title WHO Collaborating Centre for mental health workforce development

Report Year 09/2011 to 09/2012

1. Please briefly describe the progress made in the implementation of your agreed workplan as WHO collaborating centre during the past 12 months (or the reporting period listed above). Please report on how each workplan activity was implemented, if any outputs have been delivered, if any results have been achieved and if any difficulties have been encountered during this time. If an activity has previously been completed, has not started yet, or been placed on hold, please indicate this.

Activity 1

Title: Training of multidisciplinary staff working in community mental health services and evaluation of services

Description: This is a core activity. Human resources are crucial to the process of mental health care reform. The 3rd component of the Stability Pact project is focused on training of staff working in community mental health services. This training has already started in Serbia. The training will be carried out in collaboration with the NGOs and will be focused on client-centred care.

Activity 2

Title: Continuous training in mental health issues of primary health care workers

Description: Training of general practitioners, pediatricians and nurses in order to enable them to early recognize and diagnose mental health problems as well as to develop communication skills. Special focus will be given to most common mental disorders (such as depression, anxiety) but also to severe mental disorders. The aim would be to apply already developed curricula by the IMH for general practitioners in the whole country and in the countries of Stability Pact for SE (beginning from Bosnia). Guidelines for identification and treatment of mental disorders will be prepared. This training will be carried out in collaboration with the CIDA project and will be focused on client-centred care.

Activity 3

Title: Education of families with mentally ill members.

Description: Education of families with mentally ill members is necessary for effective treatment and social inclusion. Systemic family approach will be applied. This will decrease the vicious circle of mental health problems in individuals, families and society.

1. Psycho-educational and supportive group for families with mentally ill members

Psycho-educational and supportive group for families with mentally ill members which started in 2011 at The Institute of Mental Health was continued during 2012. It was directed to the close family members of the persons with psychotic mental disorders, above all parents or their siblings. The groups were organized twice per month and were led by the family therapists from the Department for Couple and Family at the Institute of Mental Health. The feed-back from family members confirmed their need for such kind of help and support, as well as the usefulness of the programme. The group members expressed high level of motivation for working in the context like this and they reported positive changes in parental and family functioning in their families.

2. Training programme on "Systemic approach to families with mentally ill member in the system of social care"

The programme which has been accredited by the Ministry of Work and Social Welfare in 2009 was reaccredited on March 2011 for the next period 2011-2014 by the Republic Institute for Public Health. The programme is under way and it is in a phase where the interest for inclusion of various social welfare organizations is being identified.

3. a. Research activity / Parents functioning and mental disorders

The study which started during 2010/2011 was completed during 2012 and the results were statistically analyzed. The preliminary results showed that parents with psychotic disorders reported that they care for the needs of child together with the other parent; significant percentage of parents with psychotic disorder describe themselves as having the competencies to take the initiative in caring for the needs, behaviors and feelings of the child. The highest percentages of parents describe their parenting style as "liberal type", then as "democratic" and "authoritarian" style. There is a high percentage of parents with psychotic disorder stating that they do not use punishment in their repertoire of parenting behavior, nor do they identify children's patterns of behavior that require the punishment. The differences could be observed in the level of assessed independence in functioning, manifested as the tendency of parents with psychotic symptoms to observe their functioning in the parenting role more often as independent. Their partners or other family members, who are involved in the treatment, more rarely observe them as independent. In accordance with the results obtained in this research, it is planned for 2013 to outline programs directed towards the psycho-education of parents with psychotic disorders and development of their parenting skills as well as the increase of their parental competence. Within the preliminary results obtained, the following focuses of the programs could be singled out: correction of parenting styles, support in the structuring of free time, gaining the better insight into the assessment of patients own capabilities in parent's role. The assumption is that the implementation of these programs would enable the achievement of the following objectives:

- Understanding the possible impact of mental disorder on the quality of parenting
- Through the application of more focused and more effective preventive programs and treatment interventions (family and/or individual therapy) the risk of the development of the dysfunctional parental relationships and family system would be reduced
- Development of necessary support for the parents, children and families with the mental disorder with the specific goal of protection of children in families that exhibit dysfunctional patterns, as well as the prevention of transmission of transgenerational trauma.

3. b. Currently the preliminary negotiations are taking place with a member of the Systemic Clinical Outcome and Routine Evaluation (SCORE) Project Development team, in relation to taking part in the standardization of the SCORE Questionnaire as well as in relation to taking part in cross-cultural study that is taking place across the Europe. The SCORE project is being implemented through the cooperation of: University of Leeds, Maudsley Hospital, Institute of Psychiatry, South London & Maudsley NHS Trust (SLAM). The SCORE (The Systemic Clinical Outcome and Routine Evaluation) is the instrument for full research protocol for the development of a novel outcome measure for assessing change following family therapy. We assume that inclusion of this instrument, after its standardization, will improve the work with families with mentally ill member, as well as the research in the field of family therapy.

4. During the 2011 the educational programme concept was created: "Improvement of the approach in the social welfare system to people with mental disorders", with which it is planned to apply for the accreditation with the Republic Institute for Social Care. The educational program would be designed for professionals (psychologists, social workers) employed in the institutions of social welfare (Center for social work, homes for the elderly) with the goal of: development of professional competencies of employees in the area of social protection in the approach towards the users with mental disorders and their families; improvement of service quality in social care in working with clients with mental disorders and their families; empowerment of local resources in the approach to clients with mental disorders and their families, and development of community networks.

Activity 4

Title: Education of general practitioners in primary health care settings for identification and diagnosis of alcoholism.

Description: Education of general practitioners, pediatricians and nurses in order to enable them to early recognize and diagnose alcoholism. Guidelines for identification and treatment of alcoholism will be prepared. The education will be carried out in collaboration with the Institute of Public Health which is a member of the International Association of National Public Health Institutes (IANPHI), as part of the NPHI Capacity-Building Program.

Within cooperation program between Institute of Mental Health (IMH) and WHO named "Alcoholism prevention", since 2011, the IMH has implemented two huge projects: "National Drug and Alcohol Abuse Prevention Program" and "Education of general practitioners in primary health care settings for identification and diagnosis of alcoholism". Unfortunately, due to the economic crisis that affected the whole world, including our country, we were not in a situation to continue to work on the new projects during 2012, and, therefore, the center of activity and collaboration in the context of the "Alcoholism prevention" reduces the activity of individuals employed in IMH.

Most activities of the national "focal point" for alcoholism from The Institute of Mental Health, for the period 2011/2012 have been focused on collecting nation-wide data about the harmful use of alcohol and establishing connections with Ministry of Health and other ministries. Main activities have been focused on establishing cooperation between the ministries whose actions could reduce the harmful use of alcohol. Communication has been established with the Statistical Office of the Republic of Serbia, Ministry of Trade, Ministry of Internal Affairs and Ministry of Finance. Primary goal of these activities is the creation of a national strategy to combat alcoholism, which would include and mobilize the society as a whole. There has been good cooperation with the National Institute of Statistics, in order to clearly define monitoring mortality from alcoholism in Serbia. The contact with the responsible person at the Ministry of Internal Affairs was established in order to monitor social consequences related to alcohol abuse. The registries for the production or consumption of alcohol are less available, although of a great importance for the overall national strategy in order to reduce harmful use of alcohol in Serbia. The national "focal point" plans are to monitor further the WHO proposals on reducing harmful use of alcohol, and the need to implement the Global Strategy and its compliance with the national strategy. It is necessary to establish a cross-sectorial cooperation between all relevant ministries to achieve uniform national policy in the fight against alcoholism.

The member of the Republican committee for the prevention of substance abuse from The Institute of Mental Health, Dr Svetislav Mitrovic, participated in educational seminars, organized by the Council of Europe - Pompidou Group in Budapest, between 9th and 11th of May, and 17th and 21st September 2012. The seminar was entitled: Pompidou Group, 2012 Executive Training on Drug Policy on: Joint 'anti-drug' campaigns. Beside this, he attended the WHO meeting, called the WHO meeting of National Counterparts for Alcohol Policy in the WHO European Region, which was held in Warsaw from 31 May to 01 June 2012. The meeting was jointly organized by the Regional Office of the World Health Organization for Europe, and the State Agency for Prevention of problems related to alcohol use (PARPA). The main objective of the meeting was to exchange information between Member States on alcohol policy developments. Newly published report was presented: Alcohol in the European Union - consumption, harm and policy approaches. During two seminar days the participants from more than twenty European countries have presented the data about problems, dilemmas, expertises, and up to date studies in their countries, linked to alcohol consumption problems and alcohol misuse; some of the participants offered skilled solution views for these problems in their countries, as well. Array of presentations related to alcohol abuse statistical parameters have been exhibited, also several ones related to the latest trends of medical consequences connected with alcohol consumption and as well, those linked with the description of possibilities for activation of preventive and similar campaigns, which should stress medical complications and other consequences resulting from alcohol consumption in European region.

National focal point, Dr Roza Panoski, participated at The International Meeting of the World Health Organization for the European region that was held in Zurich, May 3-5, 2011. The main topic at the meeting was the Draft Proposal of the 'Global Strategy in diminishing the negative effects of alcohol consumption and its implementation in WHO's member countries. The participants from WHO's member countries were introduced with a working document for the implementation of this strategy. The conclusions of the meeting suggested for further analysis of the working document and completion of the final version of this strategy.

Activity 5

Title: Training in child and adolescent mental health care.

Description: The early recognition of mental health problems in childhood and youth is of the utmost importance for prevention of mental disorders in adulthood. The training will be carried out for GPS, nurses, teachers and families. Destigmatization programs will be carried out in schools.

1. Training on the importance of genetic counseling

The contemporary theoretical and clinical understanding of the child development favours the ecological model which looks at child development as a product of constant interactions between biological and environmental factors. The training was organized around the significance of genetic

counseling with the aim to prevent certain hereditary disorders in order to have healthy offspring and consequently a healthier society. A timely assessment and specific preventive measures in work with women in perinatal period and the puerperium with mental health problems are important in the system of health care. This is a way to recognize the most common problems of women in the postpartal period and possible perinatal mental health problems. Early recognition and efficient interventions of doctors and other health experts are extremely important. Still, understanding and support for women with these difficulties should include a wider net than the health care system; there should be an integrated ecosystem as an approach in the wider social context.

2. Training on early psychological development

In the last several years there was an increase in mental health problems of children and adolescents. The most visible signs are conduct disorders, an increase in violence, crime, alcohol and other substance abuse. In addition to that, depression is becoming more common along with other emotional problems culminating in serious self-harm and suicidal behaviour. Because of this, education was organized in the field of promotion and mental health care of children and adolescents for primary health care experts, education and social care professionals. The topics covered contemporary concepts in mental health care and mental health promotion. Special attention was paid to knowledge and skills necessary for work with vulnerable groups, to recognition and removal of risk factors, to promotion of protective factors and early diagnosing of difficulties, as well as to basic principles for interventions.

Within the training about general and specific re-education of psycho-motor skills with relaxation programme, goals were directed towards expansion and enrichment of theoretical knowledge and skills for recognition and treatment of developmentally challenged children. The goal of this method is to renew and gain experiences about self, self in relation to time, space and others. In this way, problems faced by experts are integrated into a holistic approach to children with developmental problems.

3. Training on parental skills and healthy parenthood

The parent-child relationship is a dynamic and interdependent connection of expectations and influences. In the early development, the most important influence on this interaction is exerted by parents, the child's influence being increased over time. Absence of expected response by the child can trigger a variety of feelings and interpretations that influence parental reactions. Factors connected to familial relations and a wider social network also influence the way in which parents interpret child's behaviour and how they react to it. Numerous studies have shown a great need for parental social support. More and more evidence is emerging that demonstrates positive effects of parental support on the functional adaptations and strength as well as interaction styles within the family, and consequently effects on child behaviours and development. Primary health care experts and personnel from pre-schools are readily available for parents and can be extraordinarily important as sources of support.

Programme goals are achieving higher competencies of pre-school children care personnel to help parents with parenting through psycho-educative work in order to promote mental health of children and prevent to emotional and behavioural problems. Education consists of theoretical lectures and workshops designed to teach methods of working with parents.

4. Training on child abuse and neglect prevention and protection

From December 2010 to December 2011, the project "Implementation of Special Protocol for Health Protection of Children from Violence and Abuse" was carried out. It was coordinated by the Institute of Mental Health (Department for Protection of Children from Violence and Abuse) in partnership with the Ministry of Health of the Republic of Serbia and with support of UNICEF. The project results are the following:

- The programme of one-day education of teams in primary and secondary health care related to protection of children from violence and abuse and accredited by the Health Council within the Ministry of Health.
- Establishment of 4 regional teams of expert trainers (34 persons) in Belgrade, Novi Sad, Nis and Kragujevac who were trained to implement uniform education.
- Preparation and promotion of the Manual for the Implementation of Special Protocol for Protection of Children from Violence and Abuse in health care.
- Education of 24 teams in primary and secondary health care in 4 regions (Belgrade, Novi Sad, Kragujevac and Nis). The total of 128 health workers and associates were trained for implementation of the Special Protocol.
- Establishment of basic capacities for implementation of the Special protocol in 24 institutions of primary and secondary health care.

- Establishment of a special working group within the Ministry of Health for implementation of the Special Protocol consisting of 15 experts. The special working group held six meetings.
- In coordination with regional coordinators, the special working group defined a set of new health services for protection of children from violence and abuse, secondary and tertiary levels of health care, and forwarded it to the Ministry of Health (New Technology Department).
- Proposal of internal form for reporting suspicious cases of violence and abuse in health institutions. The programme of education of teams in primary and secondary care includes providing information on General and Special Protocols (roles and responsibilities of teams, planning, procedures, reporting and cooperation with other sectors), as well as relevant information related to prevention, early recognition, documentation and remedying child violence and abuse. The education ensured basis for forming expert teams and providing basic knowledge for implementation of the Special Protocol. However, the basic knowledge that health professionals and associates acquired on the seminar is insufficient for operationalization of work of expert teams in primary health care related to protection of children from violence and abuse. The teams are not fully enabled and trained to assess violence and abuse, risks and procedure steps within the institution and outside of it, which are key components in child protection. The health professionals and associates will establish cooperation with key activists in the community after a comprehensive insight of the significance for child protection from violence and abuse.

This project will enable additional strengthening of chosen health centres (expert teams) in 4 cities in Serbia (Belgrade, Nis, Novi Sad and Kragujevac) and prepare them for the next project phase which will focus on establishing sustainable mechanisms of intersectorial cooperation and which will be implemented by the Child Rights Centre with support of UNICEF.

Activity 6

Title: Training of staff employed in social care homes

Description: The social care homes need to be downsized and approach to care of users improved. Treatment should be user-centered. Prevention of consequences and rehabilitation of users as well as improving their quality of life is important. Social inclusion and destigmatization are necessary part of care.

2. Please briefly describe your collaboration with WHO in regards to the activities of the WHO collaborating centre during the past 12 months (e.g. means of communication, frequency of contact, visits to or from WHO). Please feel free to mention any difficulties encountered (if any) and to provide suggestions for increased or improved communication (if applicable).

There were no visits of the WHO staff, neither any financial support of the WHO. There were no WHO cosponsored activities. We do think that support and connections between local WHO and collaborating centres should be increased. The national WHO counterpart, Prof. Dusica Lecic-Tosevski, head of the IMH, participated at WHO Consultation on the Global Mental Health Action Plan and the European Mental Health Strategy held in Oslo, Norway, 3-5 September 2012. She was also invited to the meeting of WHO collaborating centres, planned to be held in Trieste, Italy, 6-7 November 2012.

3. Please briefly describe any interactions or collaborations with other WHO collaborating centres in the context of the implementation of the above activities (if any). If you are part of a network of WHO collaborating centres, please also mention the name of the network, and describe any involvement in the network during the last 12 months.

The IMH is participating at the Mental Health Program of the Stability Pact for SEE, since 2002. Its member, Dr Oliver Vidojevic is part of the Group. In September 2012 the new representative of Serbia in the Steering Committee for the Project "Strengthening the Capacity of the Mental Health Professionals and Capacities of the Users Associations" was nominated by MH (Associate Prof. Dr Saveta Draganic Gajic).